

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 524520 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		↔ 1				
5		↔ 1				
6		↔ 1				
7		↔ 1				
8		↔ 1				
9		↔ 1				
10		↔ 1				
11		↔ 1				
12		↔ 1				
13		↔ 1				
14		↔ 1				
15		↔ 1				
16	1					
17		1				
18		1				
19		1				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	23	↔	↔	↔	↔	
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS						